

**Postage Statement — Nonprofit Standard Mail Subject to Surcharge****Postage Affixed**

Use this form *only* for letters subject to the nonmachinable surcharge and pieces subject to the residual shape surcharge. Use Form 3602-NP for all other letters and flats.

<b>Mailer Info.</b>	Permit Holder's Name and Address, and Email Address If Any		Telephone		Name and Address of Mailing Agent (If other than permit holder)		Telephone		Name and Address of Organization for Which Mailing Is Prepared (If other than permit holder)	
	Dun & Bradstreet No. _____				Dun & Bradstreet No. _____				Dun & Bradstreet No. _____	
<b>Mailing Info.</b>	Post Office of Mailing		Processing Category (DMM C050)		Mailing Date		Statement Seq. No.		Number of Containers	
	Permit No. <input type="checkbox"/> Meter Postage <input type="checkbox"/> Precanceled Stamps		<input type="checkbox"/> Letters <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels		Weight of a Single Piece 0 . _____ pound		Total Pieces			
	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post				If Sacked, Based on <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both			Total Weight		
					For Enhanced Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) ____/____/____			For Enhanced Carrier Route Rate Pieces, Enter Date of Carrier Route Sequencing (DMM M050.4.0) ____/____/____		
<b>Postage Computation (DMM P013)</b>	For Presorted Letters					Total From Part E (On reverse)				
	For Presorted Nonletters (3.3 oz. or less)					Total From Part F (On reverse)				
	For Presorted Nonletters (More than 3.3 oz.)					Total From Part G (On reverse)				
	For Enhanced Carrier Route Nonletters (3.3 oz. or less)					Total From Part H (On reverse)				
	For Enhanced Carrier Route Nonletters (More than 3.3 oz.)					Total From Part I (On reverse)				
	For Special Services (3/5 and Basic rate parcels only)					Total From Attached Form 3540-S				
	Is pound rate paid by permit imprint under DMM P600.2.0? <input type="checkbox"/> Yes (Form 3602-NS required) <input type="checkbox"/> No					<b>Total Postage (Add lines above) →</b>				
	Rate at Which Postage Affixed (DMM P600) (Check one) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither									
						<b>Net Postage Due (Subtract postage affixed from total postage) →</b>				
	For USPS Use Only: Additional Postage Payment (State reason)									
<b>Total Adjusted Postage (Add additional postage to total postage) →</b>										
<b>Certification</b>	The mailer's signature certifies that: (1) the mailing complies with DMM E670; (2) the income derived from the sale of any products or services advertised in the mailing is not subject to the Unrelated Business Income Tax (UBIT) and any products and services advertised are substantially related to the nonprofit organization's authorized purpose within the meaning of 39 U.S.C. § 3626(j)(1)(D)(ii)(I) and 26 U.S.C. § 513(A); (3) the mailing, if made by a voting registration official, is required or authorized by the National Voter Registration Act of 1993; and (4) it will agree to pay, subject to appeal, any revenue deficiencies assessed on this mailing. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.									
	The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.									
	I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.									
	Signature of Mailer or Agent					Name of Mailer or Agent			Telephone	
<b>USPS Use Only</b>	Weight of a Single Piece 0 . _____ pound		Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		If "Yes," Reason						<b>Round Stamp (Required)</b>	
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.		Date Mailer Notified		Contact		By (Initials)			
			Verifying Employee's Signature		Verifying Employee's Name		Time AM PM			

# Nonprofit Standard Mail Subject to Surcharge — Postage Affixed

Entry Discount	Presort Discount	Rate per Piece	Number of Pieces	Total
<b>E</b>	<b>Presorted Letter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less</b> <i>Rates include \$.020 nonmachinable surcharge.</i>			
None	E1. 3/5	.173 x	_____ pcs.	= \$ _____
	E2. Basic	.185 x	_____ pcs.	= \$ _____
DBMC	E3. 3/5	.152 x	_____ pcs.	= \$ _____
	E4. Basic	.164 x	_____ pcs.	= \$ _____
DSCF	E5. 3/5	.147 x	_____ pcs.	= \$ _____
	E6. Basic	.159 x	_____ pcs.	= \$ _____
<b>Total — Part E (Carry to front of form)</b>				\$ _____

<b>F</b>	<b>Presorted Nonletter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less</b> <i>Rates include \$.230 residual shape surcharge.</i>			
None	F1. 3/5	.413 x	_____ pcs.	= \$ _____
	F2. Basic	.460 x	_____ pcs.	= \$ _____
DBMC	F3. 3/5	.392 x	_____ pcs.	= \$ _____
	F4. Basic	.439 x	_____ pcs.	= \$ _____
DSCF	F5. 3/5	.387 x	_____ pcs.	= \$ _____
	F6. Basic	.434 x	_____ pcs.	= \$ _____
<b>Total — Part F (Carry to front of form)</b>				\$ _____

<b>G</b>	<b>Presorted Nonletter Rates — Pieces More Than 3.3 oz. (0.2063 lb.)</b> <i>As described in DMM P013.8.0, compute and enter the rate for each piece in the "Rate" column. Rates must include \$.230 residual shape surcharge and, if eligible, the \$.030 barcoded discount.</i>			
None	G1. 3/5	\$ _____ x	_____ pcs.	= \$ _____
	G2. Basic	\$ _____ x	_____ pcs.	= \$ _____
DBMC	G3. 3/5	\$ _____ x	_____ pcs.	= \$ _____
	G4. Basic	\$ _____ x	_____ pcs.	= \$ _____
DSCF	G5. 3/5	\$ _____ x	_____ pcs.	= \$ _____
	G6. Basic	\$ _____ x	_____ pcs.	= \$ _____
<b>Total — Part G (Carry to front of form)</b>				\$ _____

Entry Discount	Presort Discount	Rate per Piece	Number of Pieces	Total
<b>H</b>	<b>ECR Nonletter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less</b> <i>Rates include \$.200 residual shape surcharge.</i>			
None	H1. Saturation	.304 x	_____ pcs.	= \$ _____
	H2. High Density	.310 x	_____ pcs.	= \$ _____
	H3. Basic	.326 x	_____ pcs.	= \$ _____
DBMC	H4. Saturation	.283 x	_____ pcs.	= \$ _____
	H5. High Density	.289 x	_____ pcs.	= \$ _____
	H6. Basic	.305 x	_____ pcs.	= \$ _____
DSCF	H7. Saturation	.278 x	_____ pcs.	= \$ _____
	H8. High Density	.284 x	_____ pcs.	= \$ _____
	H9. Basic	.300 x	_____ pcs.	= \$ _____
DDU	H10. Saturation	.272 x	_____ pcs.	= \$ _____
	H11. High Density	.278 x	_____ pcs.	= \$ _____
	H12. Basic	.294 x	_____ pcs.	= \$ _____
<b>Total — Part H (Carry to front of form)</b>				\$ _____

<b>I</b>	<b>ECR Nonletter Rates — Pieces More Than 3.3 oz. (0.2063 lb.)</b> <i>As described in DMM P013.8.0, compute and enter the rate for each piece in the "Rate" column. Rates must include \$.200 residual shape surcharge.</i>			
None	I1. Saturation	\$ _____ x	_____ pcs.	= \$ _____
	I2. High Density	\$ _____ x	_____ pcs.	= \$ _____
	I3. Basic	\$ _____ x	_____ pcs.	= \$ _____
DBMC	I4. Saturation	\$ _____ x	_____ pcs.	= \$ _____
	I5. High Density	\$ _____ x	_____ pcs.	= \$ _____
	I6. Basic	\$ _____ x	_____ pcs.	= \$ _____
DSCF	I7. Saturation	\$ _____ x	_____ pcs.	= \$ _____
	I8. High Density	\$ _____ x	_____ pcs.	= \$ _____
	I9. Basic	\$ _____ x	_____ pcs.	= \$ _____
DDU	I10. Saturation	\$ _____ x	_____ pcs.	= \$ _____
	I11. High Density	\$ _____ x	_____ pcs.	= \$ _____
	I12. Basic	\$ _____ x	_____ pcs.	= \$ _____
<b>Total — Part I (Carry to front of form)</b>				\$ _____